EDITORIAL

The impact of COVID-19 on health and health systems

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The Coronavirus disease 2019 (COVID-19), the global pandemic, causing Severe Acute Respiratory Syndrome Corona virus -2 (SARS CoV-2), has devastated the world resulting in several million infections and close to five million deaths till late October 2021 (1).

Though COVID-19 pandemic has affected all sectors directly or indirectly, the crisis is worse on the already overburdened health systems in many countries. A significant level of health service delivery was impacted, especially, during the early times owing to the steady spread of the virus across all settings. It posed challenge on health human resource management, facility utilization and medical supply management.

Evidences indicates that the COVID-19 pandemic has made significant disruption in health service delivery particularly in resource-limited countries (2). The disruption is not only due to the direct effects of the COVID-19 pandemic but also it pressurized the health systems and stretched others beyond their capability indirectly. The COVID-19 pandemic has exposed the existing gaps in the health system (3). The COVID-19 pandemic has disrupted both preventive and curative services for communicable and noncommunicable diseases (3.4). Many of essential services have been delayed by the healthcare facilities, (5-7) patients were also unable to attend follow-ups and acute care visits due to the fear and anxiety they experienced during the pandemic waves (8).

The COVID-19 pandemic, in addition to the direct disease burden, it posed a significant risk of indirect morbidity and mortality from other preventable and treatable diseases as a result of essential health services disruption (9). The most common reasons mentioned for critical gaps or reducing services during COVID-19 were shifting of health care workers to support COVID-19 services, cancellations of planned treatments, decrease in public transport, loss of income to pay

for services and limit utilization (4, 10,11) and high rates of morbidity and mortality among health care workers, were another reason leading to staff shortages. Many countries have reported shortage of medicines, diagnostics and other technologies as the main reasons for disruption of services (4).

Similarly, in Ethiopia, following the first COVID-19 reported case in March 2020, the health system was challenged heavily. The ever increasing COVID-19 cases demanded reshuffling health care workers and repurposing health care facilities. On the other hand, patients with various disease conditions shy away from visiting health facilities. Comparison of the pre-COVID-19 era service utilization with the COVID-19 period showed that there was a substantial disparity in service delivery practice of the health facilities. A huge decline in the patient flow for routine services was noted.

The COVID-19 challenge passed strong message to the world on the need of building resilient and sustainable health system. In doing so, strong investment to strengthen the health systems including the health workforce development, creating decent working a conditions, providing training and equipment, especially in relation to personal protective equipment and occupational safety is required. Social dialogue is essential to building resilient health systems, and therefore has a critical role both in crisis response and in building a future that is prepared for health.

The current issue of the Ethiopian Journal of Health Sciences, the sixth regular issue for the year 2021, contains an editorial, twenty-five original articles and two case reports focusing on various topics. Seven of the original articles in this issue deals with Corona Virus Disease 2019 and its impacts on the family, community and health care providers.

I invite readers to read through these articles and appreciate or utilize the contents. I also urge readers to forward comments and suggestions to the editor or the corresponding authors.

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